2012 394 AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS []ILEC [] Wireless [X]CLEC TYPE: [X] IXC

	TYPE:	[X] IX	C I	[X]CLEC	[]ILEC	[] Wireless	2592			
		CE	RTIFICATED CO	MPANY IN	FORMATION		200.55			
iNetwo	orks Group, Inc				_					
	any Name				FEIN/SSN					
none	•				312-212-082	22				
Dba/fk	a				Telephone #					
	S. Wacker Dr., <u>Ste 251</u>	0			·					
	g Address									
	go, IL 60606									
	State, Zip Code									
•	. Wacker Dr <u>., Ste 2510</u>	١								
	ess Location		, , , , , , , , , , , , , , , , , , , ,	-						
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City, S	State, Zip Code				Oddity					
			REGISTERED A	GENT INFO	DRMATION					
Dogio	tered Agent:CT	Cornoratio	n Sveteme							
Regisi	tered Agent	Corporatio	ii Oysteilis							
Mailin	g Address: 2 Office Pa	rk Ct., Suit	e 103							
Widini	g / (ad/000: 2 0 moo / a	,								
City. S	State, Zip Code: Colur	nbia SC 29	223							
A.	Raymond Cov General Manager (Incl	lude address								
	312-212-0825	5	312-264-0467		cowley@ingts.com E-mail Address					
	Telephone Number		Facsimile Number		E-mail Address					
B.	Raymond Cov	wley								
	Customer Relations /C	Complaints F	Representative (Incl	lude address	if different than above.)	!				
	312-212-0825	5 /	312-264-0467	/r	cowley@ingts.com					
	Telephone Number		Facsimile Number		E-mail Address					
C1.	Raymond Cov	wlev								
01.	Customer Relations/C	omplaints R	epresentative for E	scalated Co	mplaints (Include a	ddress if different tha	n above.)			
	312-212-0825		312-264-0467		cowley@ingts.com		<u> </u>			
	Telephone Number		Facsimile Number		E-mail Address					
C2.	1-866-409-28	126								
U2.	Customer Contact (To		ber)	,						
_			•							
D.	Raymond Cowley Engineering Operations (Include address if different than above.)									
			312-264-0467		rcowley@ingts.com					
	312-212-0829 Telephone Number	0	Facsimile Number		E-mail Address					
	·		. accimine Hambon							
E.	Raymond Cowley Test and Repair (Include address if different than above.)									
	312-212-082	<u>5 /</u>	312-264-0467	/	rcowley@ingts.com E-mail Address					
	Telephone Number		Facsimile Number		E-IIIaii Audi 633					

_	Raymond Cowley									
F.	Emergencies (During non-office hours)									
	312-212-0825	/ 312-264-0467	. 1	rcowley@ingts.com	· <u></u>					
	Telephone Number	Facsimile Number		E-mail Address						
<u>In add</u>	lition, please provide the follow	ing company contact inform	nation '	to assist in proper routing of correspon	dence and invoices:					
G.	Raymond Cowley									
	Regulatory Officer (Include	le address if different than ab	ove.)							
	312-212-0825	/ 312-264-0467	1	rcowley@ingts.com						
	Telephone Number	Facsimile Number		E-mail Address						
H.	Agnes Rivera									
	Dual Party Mailings (Name)									
	125 S. Wacker Dr., Ste 2510, Chicago, IL 60606									
	Mailing Address									
	312-212-0828	/ 312-422-9201		regulatory@ingts.com						
	Telephone Number	Facsimile Number		E-mail Address						
l.	Agnes Rivera									
	Interim LEC Fund Mailings (Name)									
	125 S. Wacker Dr.,	Ste 2510, Chicago, IL 60606								
	Mailing Address									
	312-212-0828	/ 312-422-9201		regulatory@ingts.com						
	Telephone Number	Facsimile Number		E-mail Address						
J.	Agnes Rivera									
	Universal Service Fund Mai	Universal Service Fund Mailings (Name)								
	125 S. Wacker Dr., Ste 2510, Chicago, IL 60606									
	Mailing Address									
	312-212-0828	/ 312-422-9201		regulatory@ingts.com E-mail Address						
	Telephone Number	Facsimile Number		E-IIIaii Address						
K.	Agnes Rivera									
	Gross Receipts Mailings (Name)									
	125 S. Wacker Dr., Ste 2510, Chicago, IL 60606									
	Mailing Address									
	312-212-0828	/ 312-422-9201	/	regulatory@ingts.com E-mail Address						
	Telephone Number	Facsimile Number		E-IIIaii Address						
L.	Agnes Rivera									
	Lifeline Mailings (Name)									
	125 S. Wacker Dr., Ste 2510, Chicago, IL 60606									
	Mailing Address	/ 242 422 0204	,	regulatory@ingts.com						
	312-212-0828	/ 312-422-9201 Facsimile Number		E-mail Address						
	Telephone Number	1 desimile Number		_ maii / taa-1000						
	Agnes Rivera									
	This form was completed by (print name)			Signature						
	M			3/22/2012						
	Manager of Tax Title			Date						
	RETURN COMPLETED FOI									
				Office of Dogulatory Claff						
	Public Service Commission of SC			Office of Regulatory Staff Attn: Jeanne Gordon						
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